U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

1	For Official Line Only
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1. File Number U - 3

Name Mario

3. Name and address of person filing.

L Contreras

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

Name Teamsters Local 228

	Labor Organization File Number 040-097		
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 4600 47th Avenue, Suite 205	Street 4600 47th Avenue, Suite 205		
City Sacramento	Chy Sacramento		
State California ZIP Code + 4 95824-3923	State California ZIP Code + 4 95824-3923		
5. Position in labor organization. President-Business Agent			
Enter appropriate data below if, during the past flucal year, you or your spo (except as specified in the exclu	cuse or minor child directly or indirectly had any of the following interests usions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of interest, Transaction, or income.		
Name Did not receive anything of value.			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	7.b. Amount.		
City			
State ZIP Code + 4			
Sign	nature		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ying documents), has been examined by the signatory and is, to the best of the		
	Date Telephone Number		
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Name of Person Filing Mario Contreras	File Number U- 3246		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Did receive anything of value.			
Trade Name, if any:	a. Labor Organization b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street	1",		
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	•		
Street	11 h. Anormizate dollar value of each dealing		
City	Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.		
State ZIP Code + 4			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Lebor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Did not receive anything of value.			
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any			
Street			
City			

14.b. Amount of payment.

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

?

State